

United States Agency for International Development
Bureau of Democracy, Conflict, and Humanitarian Assistance
Office of Food for Peace

Final Annual Results Report (project end March 2013)

Awardee Name/Host Country: Wuqu' Kawoq/Guatemala

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Section 1: Annual Food Aid Program Results

Introduction. In FY 2012, Wuqu' Kawoq received a shipment of 38 MT of Nutributter from Edesia (Providence, RI) as part of a contract agreement with USAID-FFP-IFRP for use in rural Guatemala. The purpose of this shipment was to provide support for numerous community based organizations and small nongovernmental organizations working in a rural, indigenous region of Guatemala, primarily in the department of Sololá, with high rates of chronic child malnutrition (stunting).

The principal objectives of the program were:

1. Provide universal supplementation of ~5,000 children ages 6-24 months in the target region for approximately 12 months.
2. Provide training to partner community-based organization and nongovernmental organization on the recognition and prevention of early chronic child growth faltering in the “first 1000 days” of life.
3. Evaluate the effects of supplementation and education on rates of malnutrition in target communities.

The program did not incorporate any additional strategies the self-sufficiency of beneficiaries, although the strong focus on training community-based groups to understanding what chronic child malnutrition is, what causes it, and how to prevent it was specifically designed to mobilize longer-term self-sustaining community responses to child malnutrition, in the absence of specific future food aid programs. Additionally, again to improve community engagement with child wellness, training on how to access existing referral mechanisms in cases of severe child malnutrition or other illness were incorporated into activities.

Unforeseen difficulties. Unfortunately, the planned programming encountered significant unanticipated difficulties early in FY 2012. These difficulties and our ultimate solution to them are outlined here:

1. 2011 was a general election year in Guatemala, and a new executive branch of government took power in January 2012. As part of the new government's social platform, a universal distribution program for infants and young children using multiple micronutrient powders was proposed for implementation through the Ministry of Health. This was unanticipated, and resulted in concerns about duplication of services, especially since both the proposed multiple micronutrient powder and our own Nutributter supplement contained relatively high levels of vitamin A, raising concerns about exceeding the daily recommended maximal dose of vitamin A. Therefore, we were approached by the Ministry of Health, which requested that we discontinue Nutributter distribution.
2. We underwent several months of negotiations, in an attempt to determine a geographic region where we could distribute Nutributter instead of multiple micronutrient powders in coordination with the new Ministry of Health program. However, these negotiations were unsuccessful for several reasons: (a) the Ministry felt that Nutributter supplementation

over a large geographic region, such as that we proposed, would potentially contaminate their own program evaluation of multiple micronutrient powder distribution; (b) political transitions resulted in several newly-appointed Ministers of Health being released from their posts in rapid succession, making advancing definitive negotiations difficult; (c) a large proportion of the Nutributter product that we received from Edesia arrived in Guatemala within just a few months of expiration, thereby limiting the amount of time that we could await a successful compromise.

3. Therefore, at the suggestion of the USAID Guatemala mission, we applied to the central FFP/IFRP office for a program modification. Essentially, we requested permission to shift focus of our distribution efforts away from community-based distribution to infants and young children towards distribution to the medically ill children (excluding those with acute malnutrition) under medical supervision, in collaboration with various hospital and pediatric subspecialty facilities in Guatemala. The rationale was that the Nutributter product could be reasonably targeted to these at-risk population of young children (6-24 months) as part of their overall rehabilitative and medical treatment plan, without interfering with new national community-based efforts to target malnutrition. This modification was approved in May 2012.

Program results. Nutributter cleared Guatemalan customs in January 2012. Prior to program modification, community-based distribution of Nutributter was carried out in January-March of 2012 in approximately 40 rural communities reaching ~3800 children ages 6-24 months. Distribution was halted on 3/19/12 at request of the Ministry of Health.

During this first quarter of activities, in each community, a group of community leaders, organizers, and parents, also received a series of trainings on the nature of chronic early child malnutrition, its causes, and strategies for prevention (including timely medical consultation and the appropriate introduction of high-quality complementary foods). As part of this training, Wuqu' Kawoq physicians and staff provided individualized medical consultations in each community to children in the target age range at risk of or already experiencing growth faltering. Subsequent to suspension of distribution activities, we have maintained close contacts with the majority of these communities, providing a mechanism for facilitating medical referral for ill children and also continuing to provide ongoing nutrition education support to interested community groups. In total, approximately 4.5 MT of Nutributter were distributed in rural communities under these initial program activities.

Distribution activities resumed with a new focus on hospital-based distribution to medically ill children (not suffering from acute malnutrition, for which Nutributter would be inappropriate, but rather other conditions, ranging from common acute febrile illnesses to complex medical conditions, such as heart disease). Under this new program focus, we have distributed the remaining 33.5 MT of Nutributter product through a network of 20 hospitals, with the final distributions occurring in March 2013. The product has been universally well-received, and each individual institution has expressed thanks for the support to their daily operations. Although it has not been possible to evaluate directly the effects of the supplement on the health of individual cases, due to concerns about the confidentiality of patient data, the Nutributter distribution program has had the salutary effect of solidifying the referral network for ill children from a wide rural catchment area, and it has led indirectly to greatly increased coordination

between ourselves and other small NGOs providing rural health care services, community leaders, and hospital administrators in the early referral and medical management of children with complex chronic illness.

In summary, although the program has fallen significantly short of its initial goals, due to unforeseen and unavoidable changes in Government of Guatemala programming for rural health, it has still had three major, positive effects:

1. Numerous communities and community-based organizations have received training on the prevention of chronic early childhood malnutrition that they otherwise would not have received.
2. The informal network connecting community-based organizations, nongovernmental organizations, and pediatric hospitals for referral and management of child illness has been strengthened.
3. After a pause of several months, Nutributter distribution was able to proceed to completion, albeit through different channels than previously anticipated.

Section 2: Success Stories

Headline: Community groups receive training about complementary foods for young children

Text: As part of an FFP/IFRP grant for 2012, Wuqu' Kawoq conducted a series of trainings targeted community-based organizations, consisting primarily of groups of community organizers and concerned parents. These trainings were designed to help raise awareness about the problem of early child chronic malnutrition in the first 1000 days of life, which is endemic throughout Guatemala. Since failure to introduce high-quality complementary foods to children at 6 months of age is a major cause of growth faltering, many of these trainings focused on teaching parents which foods to feed to their children, and at what age. Themes for these trainings were adapted from the World Health Organization's Complementary Feeding Guidelines, with local modifications in line with the Institute of Nutrition for Central America and Panama's (INCAP) guidelines for children from Guatemala. In addition to training on complementary foods, additional themes covered included the importance of exclusive breastfeeding to six months, recognition of "warning signs" requiring referral of a child to a higher level of medical care, and instruction (where appropriate) in the interpretation of child growth curves and growth data. These trainings were delivered using dynamic adult-learning methods, with a focus on hands-on and group activities. To maximize uptake and comprehensibility, trainings were usually delivered in the local Mayan language by Wuqu' Kawoq staff fluent in these languages. Trainings were very well received. The most common feedback element from community participants was that they had not previously been aware of the problem of chronic, insidious child malnutrition in their community, since stunted children often appear outwardly healthy (with the exception of their short stature). As such, trainings contributed to "denormalizing" the widespread problem of child stunting in these communities. Trainings generated considerable interest by parents in bringing their children for more regular growth consultation and resulted in more active participation by parents in well-child check ups.

Photo:

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Photo caption: Wuqu' Kawoq staff member Jose Cali (right) leads a women from the department of Sololá in a group activity about infant complementary foods. Photo credit – Wuqu' Kawoq, March 2012.

Awardee description: Wuqu' Kawoq is a nongovernmental organization that products education and social services to rural indigenous Maya communities in Guatemala.

Section 3: Lessons Learned

Many of the difficulties encountered in implementation of this program were unforeseen and directly related to the general election of a new executive branch of government which came to power in FY 2012. However, two specific difficulties that were encountered deserve further reflection.

First, a major difficulty encountered with coordination of Nutributter at the community level had to do with the specific micronutrient profile of the product. Specifically, given the wide-spread use of vitamin A-fortified sugar in Guatemala, as well as the high level of use of other household commodities containing vitamin A (such as the cereal product Incaparina), the unexpected implementation of micronutrient powders (which also contain vitamin A) in FY2012 by the

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Government of Guatemala led to a situation in which there was concern that concomitant supplementation with Nutributter could lead to exceeding the recommended daily maximal dose of vitamin A. For our part, we have been actively following a recent collaboration between INCAP and the Ministry of Health which might result in licensing of a low-vitamin A Nutributter-like product to alleviate these concerns as soon as mid-2013. If this product clears the licensing agreement, then we will consider utilizing it in our programming. For the meantime, we are following the guidelines of the Ministry of Health and avoiding supplementation with Nutributter (and other vitamin A containing food supplements) in areas where micronutrient powder distribution has been prioritized.

Second, a significant proportion of the Nutributter commodity that we received was already nearing its expiration date, which limited our flexibility and time-line for negotiating a compromise for local distribution after complications arose. In the future, we will pay much more attention to this logistical element when arranging shipments. Furthermore, in our conversations with Edesia, which produced the Nutributter product under the IFRP contract, we also learned that Nutributter production occurred significantly in advance of IFRP award approval and finalization. If possible, in future IFRP awards, it might be helpful to attempt to coordinate production closer to award finalization, in order to give distributing organizations more flexibility (from a product shelf-life point of view) when shipping, clearing customs, and conducting distribution.